

Name
in
Full

Catherine Amelia Beatty

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years Months Days	
Sex	Color or Race	Age 85-318		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Dr Louis H Beatty		
Father's Name	Peter Robinson			Father's Birthplace Caroline Co.
Mother's Maiden Name	Sarah Mitchell			Mother's Birthplace Milford Del.
Name of person giving information	P. Addison Morgan			How related to deceased None

CAUSES OF DEATH

(66)

PHYSICIAN
OR CORONER

Primary

Paralysis General

How long

Immediate

Convulsions

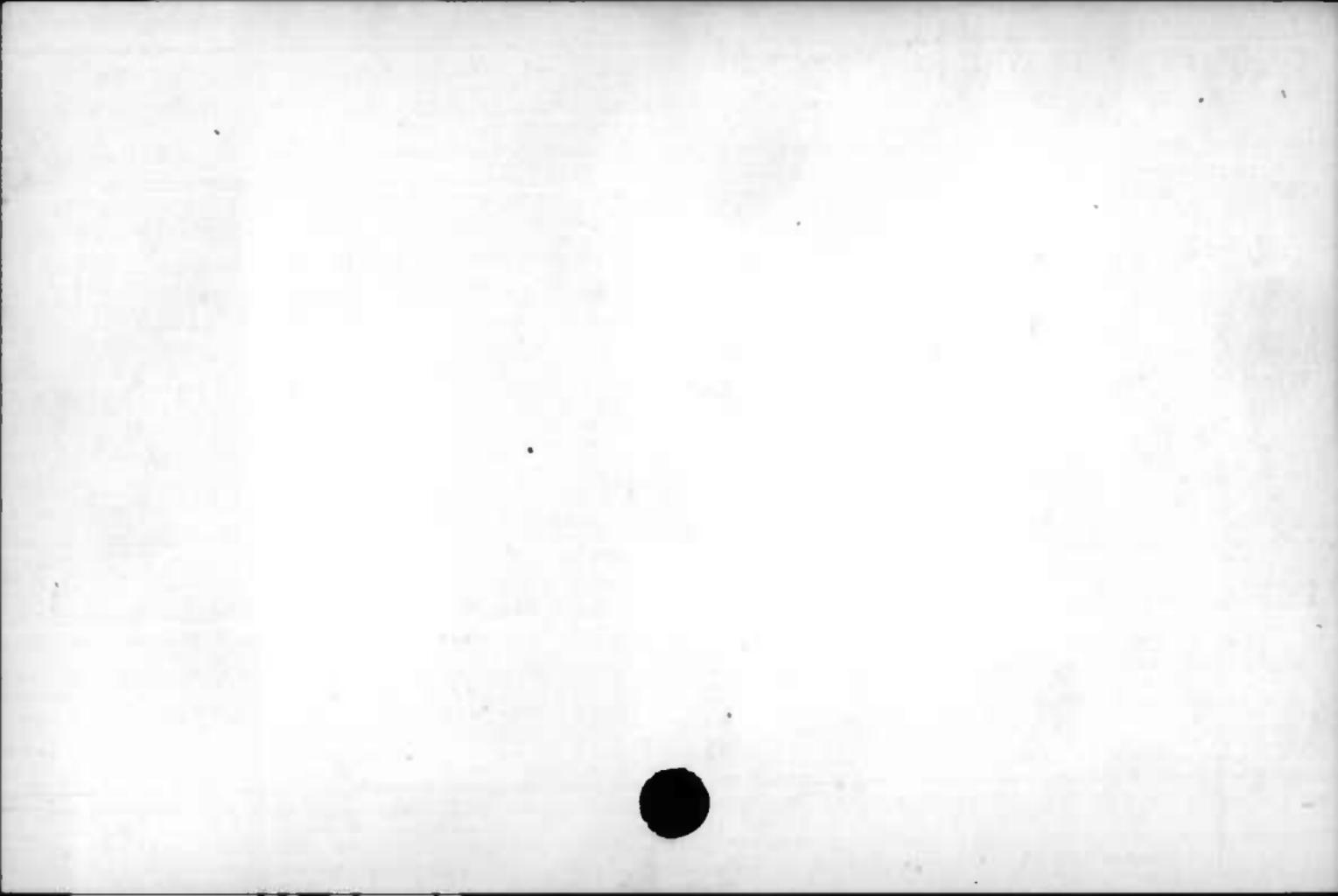
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Mrs Annie E Elliott

CERTIFICATE OF DEATH

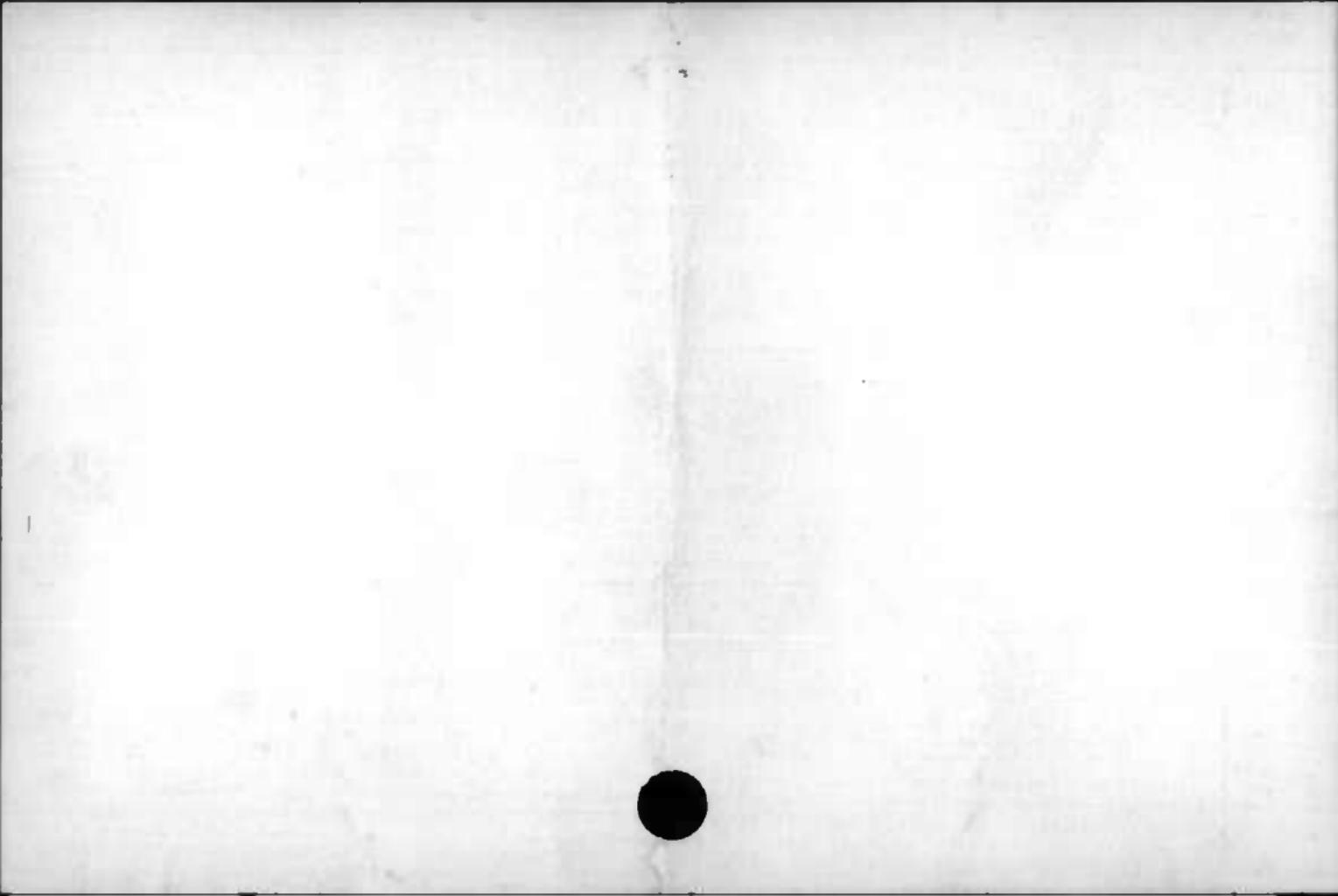
To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1907	7	15	65	9	29	
Sex	Color or Race		Age	Birth-place		
Female	white		65	Queen Anne		
Occupation	Where Residing if not at place of death		Barclay			
House Wife	John Elliott		Barclay			
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace			Quebec	
Married	John Elliott	Quebec			Quebec	
Father's Name	Samuel Seener		Quebec			
Mother's Maiden Name	Kate Reynolds		Quebec			
Name of person giving Information	J Harry Elliott		Son			

CAUSES OF DEATH

Primary	Peritonitis	116	How long	10 days
Immediate	" Emphysema		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Grover Sudler
			Address	Sudlersville
Accident or Suicide?				Not

PHYSICIAN
OR CORONER



Not named

See

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1907	Month July	Day 11	Years	Months	Days	
Sex	Female	Color or Race	Age	Still-born			
Occupation	None	Where Residing if not at place of death			X		
<u>Married, Single or Widowed</u>	X	Name of Wife or Husband	None				
Father's Name	Would not give			S			
Mother's Maiden Name	Alice Wilmer Lee			Not given			
Name of person giving Information	Alice Wilmer Lee			Centreville			
				Mother			

CAUSES OF DEATH

Primary	Eclampsia of Mother		How long	12 hours
Immediate	Still-born		How long	Still-born
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	S	
		Address	E. F. Smith M.D.	
Accident or Suicide?			Centreville	
			Md.	



Name
in
Full

Not named

See

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Centreville	Queen Anne	Months	Days	
Date of death 1907	Month July	Day 11	Age	Still-born	
Sex Female	Color or Race	Where Residing if not at place of death	Birth-place	Centreville	
Occupation None	Name of Wife or Husband	None			
Married, Single or Widowed			Father's Birthplace	not given	
Father's Name	would not give	S	Mother's Birthplace	Centreville	
Mother's Maiden Name	Alice Wilmer Gee		How related to deceased	Mother	
Name of person giving Information	Alice Wilmer Gee				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Eclampsia of mother S

How long

12 hours.

Immediate

Still-born

How long

Still-born

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

E. F. Smith M.D.

Address

Centreville

Accident or Suicide?

No.

Md.



Name
in
Full

James H. Gurnford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Male		Age	74		
Occupation	Farmer		Color or Race		White	
Married, Single or Widowed	Married		Name of Wife or Husband		Where Residing if not at place of death	
Father's Name	✓		✓		Place of birth	
Mother's Maiden Name	✓		✓		Mother's Birthplace	
Name of person giving Information	Professor Gurnford		How related to deceased		Son	

CAUSES OF DEATH

Primary

Alzheimer's

81

How long

7 or 8 yrs

Immediate

Armenia

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Montgomery MD
Frederick
Greenacea bed

Accident or Suicide?

no



Name
in
Full

Mrs Georgia Anna Hawkett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month 7	Day 18	Age 71	Years	Months
Sex	Female	Color or Race	white	Birth-place	Md	
Occupation	Housewife		Where Residing if not at place of death	Md		
Married, Single or Widowed	Name of Wife or Husband		Joseph B. Hawkett		Father's Birthplace	Md
Father's Name	Jos B. Suddeley		V		Mother's Birthplace	Md
Mother's Maiden Name	Mary Goodhand		V		How related to deceased	husband
Name of person giving Information	Jos. B. Hawkett		79		How long	7 1/2 Years

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart and Probably Gall Stone	
Immediate	Exhausting Disease	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
	Address	
Accident or Suicide?	Jos B. Suddeley Suddeleyville Md	



Name
in
Full

Lottie Ann Harrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND	
Died at	Sudlersville	Green Anne			
Date of death	1907	Month July	Day 20	Years 58	Months
Sex	Female	Color or Race	Black	Birth-place	Queen Anne
Occupation	Housewife	Where Residing if not at place of death			Near Gilman
Married, Single or Widowed	married	Name of Wife or Husband	Washington Harrison		
Father's Name	Jacob Fax			Father's Birthplace	Queen Anne
Mother's Maiden Name	Mary Ann Brown			Mother's Birthplace	Queen Anne
Name of person giving Information	Washington Harrison			How related to deceased	Husband

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary

Most probably heart, head

How long

Immediate

When I saw her

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Foster's Fuds
Sudlersville
Md

Accident or Suicide?

Mr. John Devereux

Name
in
Full

Not named Hoskins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town

Oaktreeville

County

MARYLAND

Date of death 1907 Month Day

July 12

Age 7 days

Months — Days —

Sex Female

Color or Race

Colored

Birth-place

Oaktreeville

Married, Single or Widowed

Occupation

Name of Wife or Husband

Father's Name

Harry H. Hoskins

Father's Birthplace

Not known

Mother's Maiden Name

Mary F. Jackson

Mother's Birthplace

Maryland

Name of person giving Information

Harry H. Hoskins

How related

Father

CAUSES OF DEATH

151

Primary

Slitotaxis is
medication

How long

7 days

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr. D. L. Gray

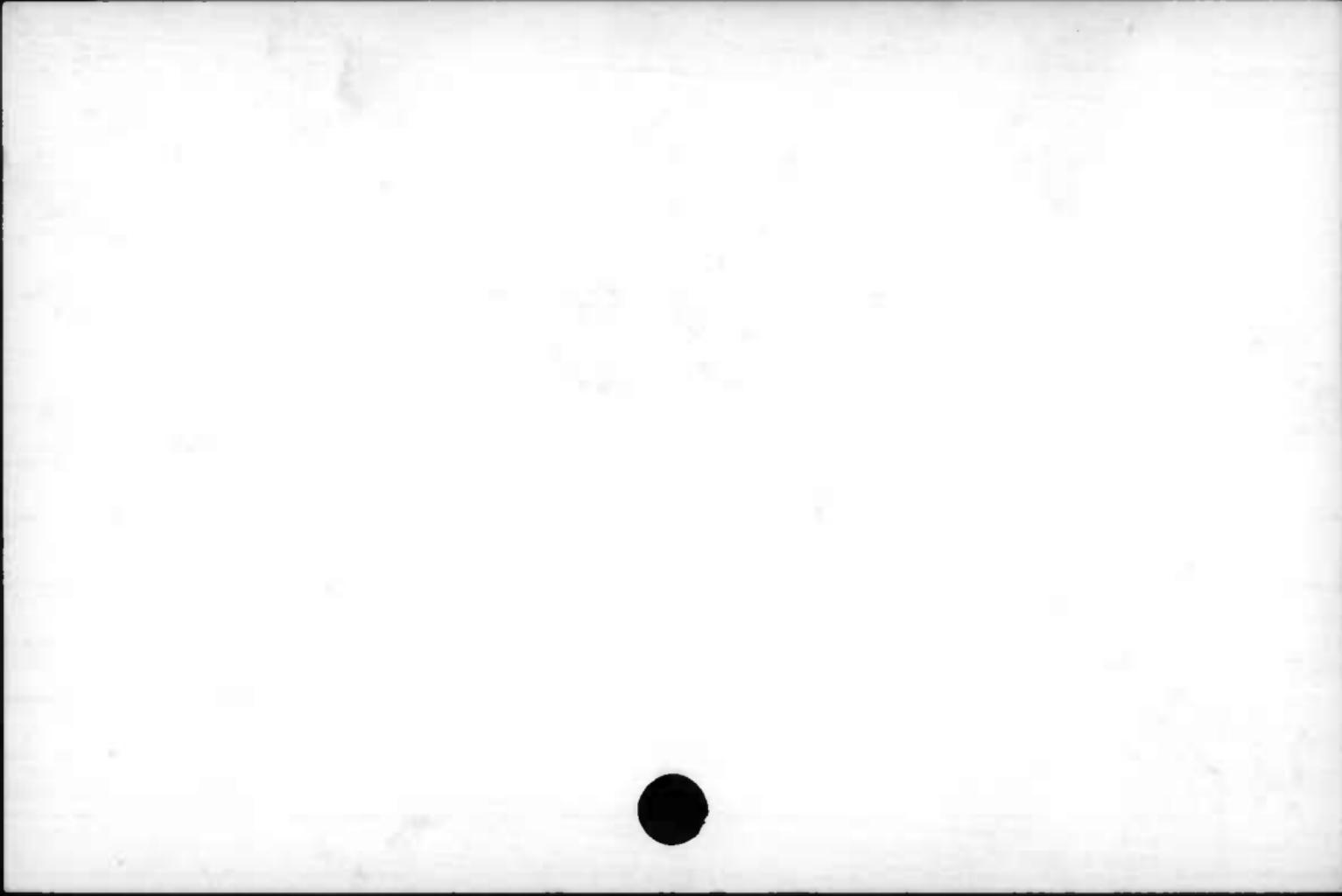
PHYSICIAN
OR CORONER

Address

Address

Oaktreeville, Md

Accident or Suicide?



Name
in
Full

William Johnson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

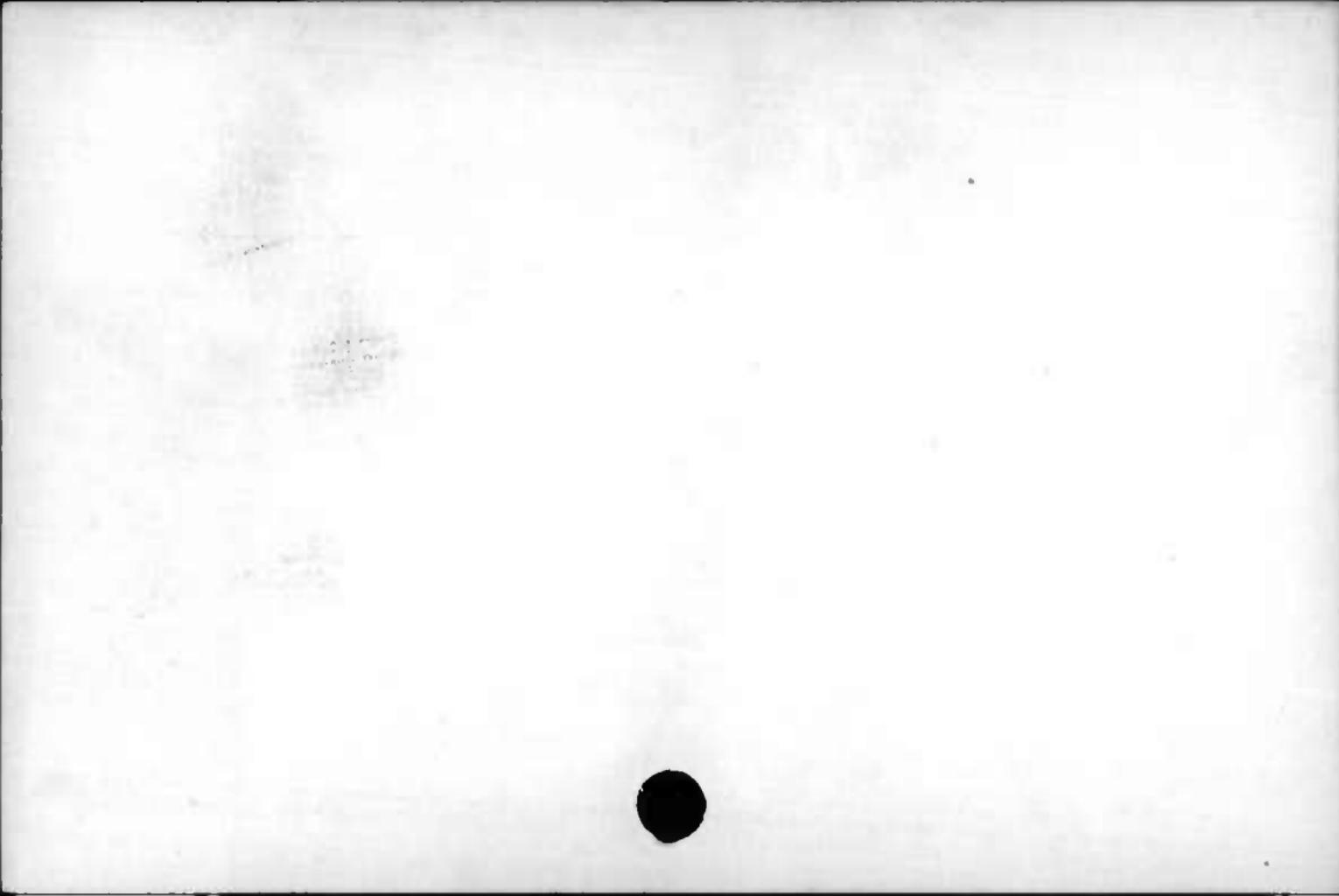
Died at Wye Mills.		Town	County Queen Anne		MARYLAND	
Date of death 1907	Month 7	Day 16	Age 74	Years	Months	Days
Sex Male	Color or Race Colored	Birthplace Maryland				
Occupation Farmer	Where Residing if not at place of death Wye Mills.					
Married, Single or Widowed	Name of Wife or Husband Susan Johnson	Father's Birthplace Hutchinson				
Father's Name	not known	Mother's Birthplace Hutchinson				
Mother's Maiden Name	not known	How related to deceased Son in law				
Name of person giving information	Jesse Burk					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Old age - Nephritis.	
Immediate	Heart Failure.	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician J. W. Slack, M.D.
		Address
Accident or Suicide?	Wye Mills. Md.	



Name

in
Full

TO BE ANSWERED BY

NEAREST FRIEND

Walking Blue Lewis

CERTIFICATE OF DEATH

Died at

Church Hill

Town

County

Queen Anne's

MARYLAND

Date
of death

1907

Month

Day

Years

Months

Days

21

22

Age

Sex

Male

Color or
Race

Colored

Birth
place

2 A Co. Md

Occupation

Suburban

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Henry Lewis

Father's
Birthplace

Maryland

Mother's
Maiden Name

Sarah Worrell

Mother's
Birthplace

" "

Name of person giving
Information

James H. Lewis

How related
to deceased

Brother

CAUSES OF DEATH

14

How long

Don't know

How long

Primary

Chronic Dementia
Wernicke's Encephalopathy -

Immediate

Signature of
Physician

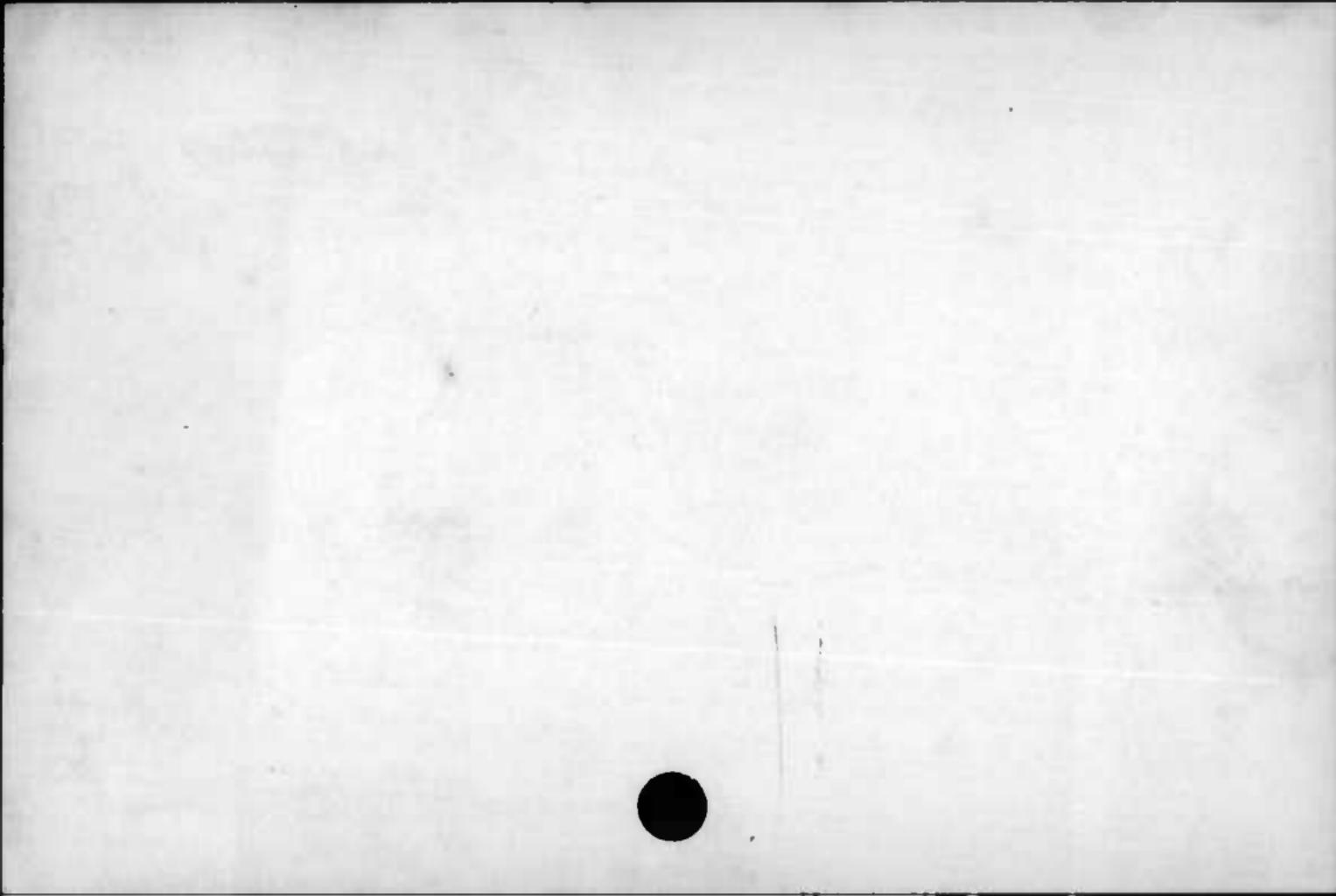
Address

PHYSICIAN
OR CORONERAre the name, age, sex, color, date
and place correctly given above?

H. H. B. Meader,

Claude Hill M.D.,

Accident or Suicide?



Name
in
Full

Harry C Merrick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month 7	Day 4	Years 49	Months	Days
Sex	Male	Color or Race	White -	Birth-place	Md -	
Occupation	Workman -		Where Residing if not at place of death	" Emma Merrick		
Married, Single or Widowed	Name of Wife or Husband		" Emma Merrick			
Father's Name	James Merrick		Father's Birthplace	Md		
Mother's Maiden Name	Amir M Dodge		Mother's Birthplace	Md		
Name of person giving Information	R. Leslie		How related to deceased	Brother -		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Tuberculosis and Bright's -

How long

Nearly 2 years

Immediate

Exhaustion and poison

How long

Trotter Sudler

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Sudlersville

Accident or Suicide?

Plates Harry C Merrick
age 49 year

Robe a 37 Black
1 gross Round Headed corner

Name
in
Full

Ella Polonia Morgan

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Queensboro

Town

County

MARYLAND

Date
of death

1907

Month

July

Day

31

Years

5 1

Months

Days

Sex

Female

Color or
Race

white

Birth-
place

Queen Anne Co., Md.

Occupation

wife

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

James R. Morgan

Father's
Name

John Westley Startt

Father's
Birthplace

Queen Anne Co., Md.

Mother's
Maiden Name

Susan Amanda Sherwood

Mother's
Birthplace

Queen Anne Co., Md.

Name of person giving
Information

Mrs. Susan Elmira Crouch

How related
to deceased

daughter

CAUSES OF DEATH

120

How long

Two years

Primary

Bright disease

How long

Half hour

Immediate

Cardiac failure

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

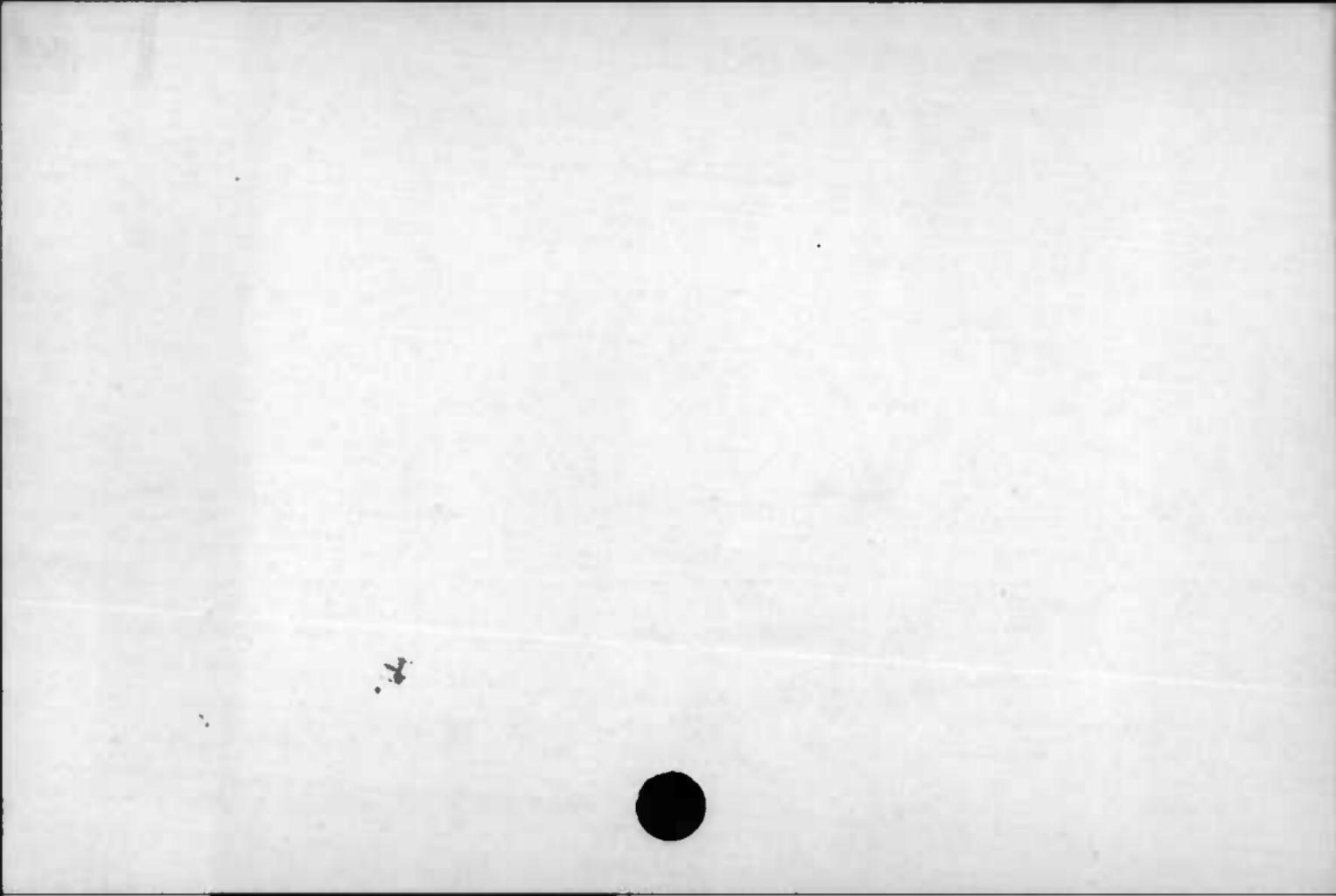
Rowland H. Lord

Queensboro

Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

John Nichols

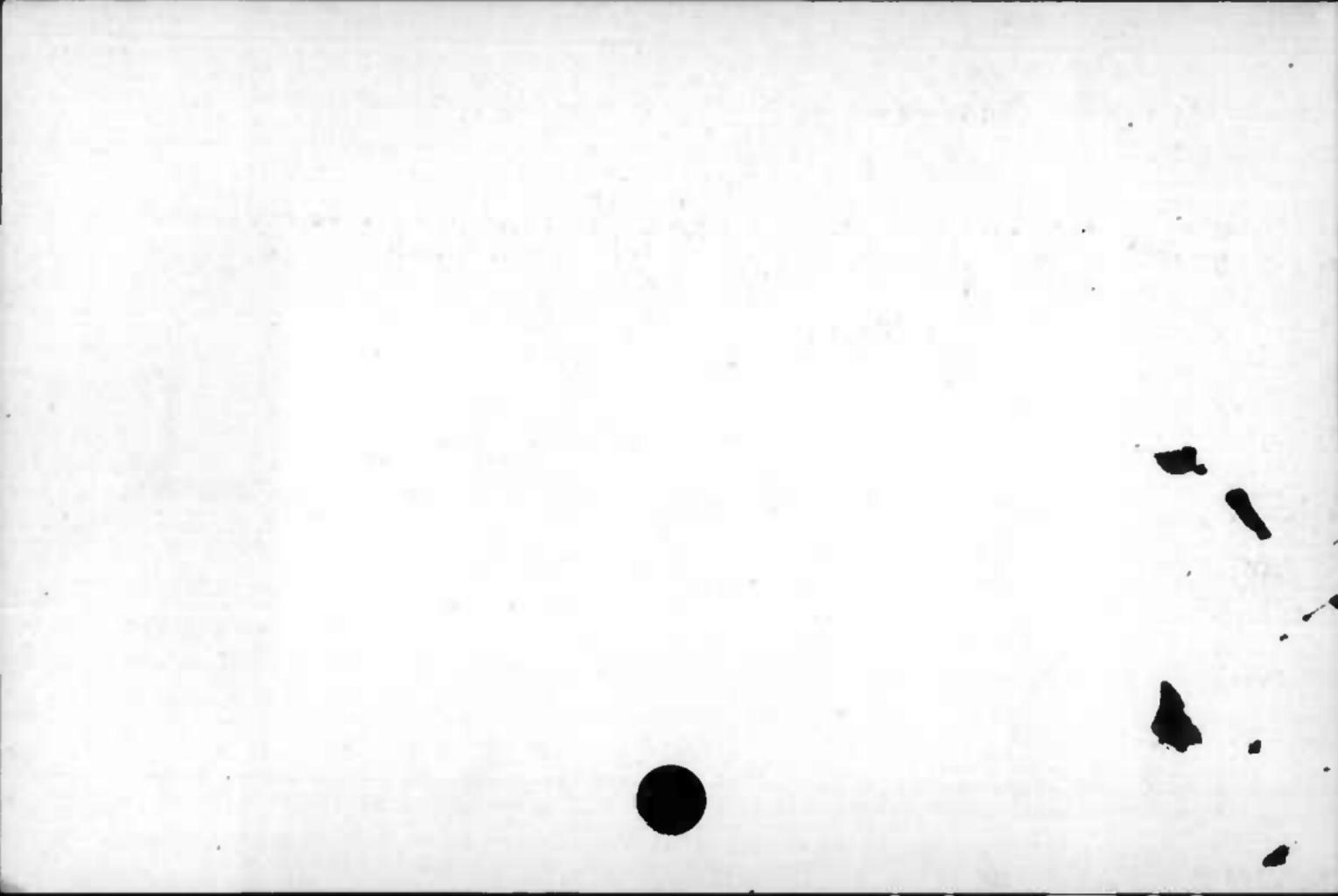
CERTIFICATE OF DEATH

Died at <u>County Home</u>		Town	County <u>St. Louis Co</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>July</u>	Day <u>6</u>	Age <u>80</u>	Years <u>80</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>negro</u>	Birth-place				
Occupation <u>Labourer</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>	Father's Birthplace <u>—</u>				
Father's Name <u>don't know or may</u>	Mother's Birthplace <u>—</u>					
Mother's Maiden Name <u>—</u>	How related to deceased <u>none</u>					
Name of person giving Information <u>Mr. Lester</u>						

CAUSES OF DEATH

120

PHYSICIAN OR CORONER	Primary <u>Brought disease</u>	How long <u>2 years</u>
	Immediate <u>dropped</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>J. A. Johnson</u>
Address <u>Centreville Md</u>		
Accident or Suicide?		



Name
in
Full

Alice Porter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

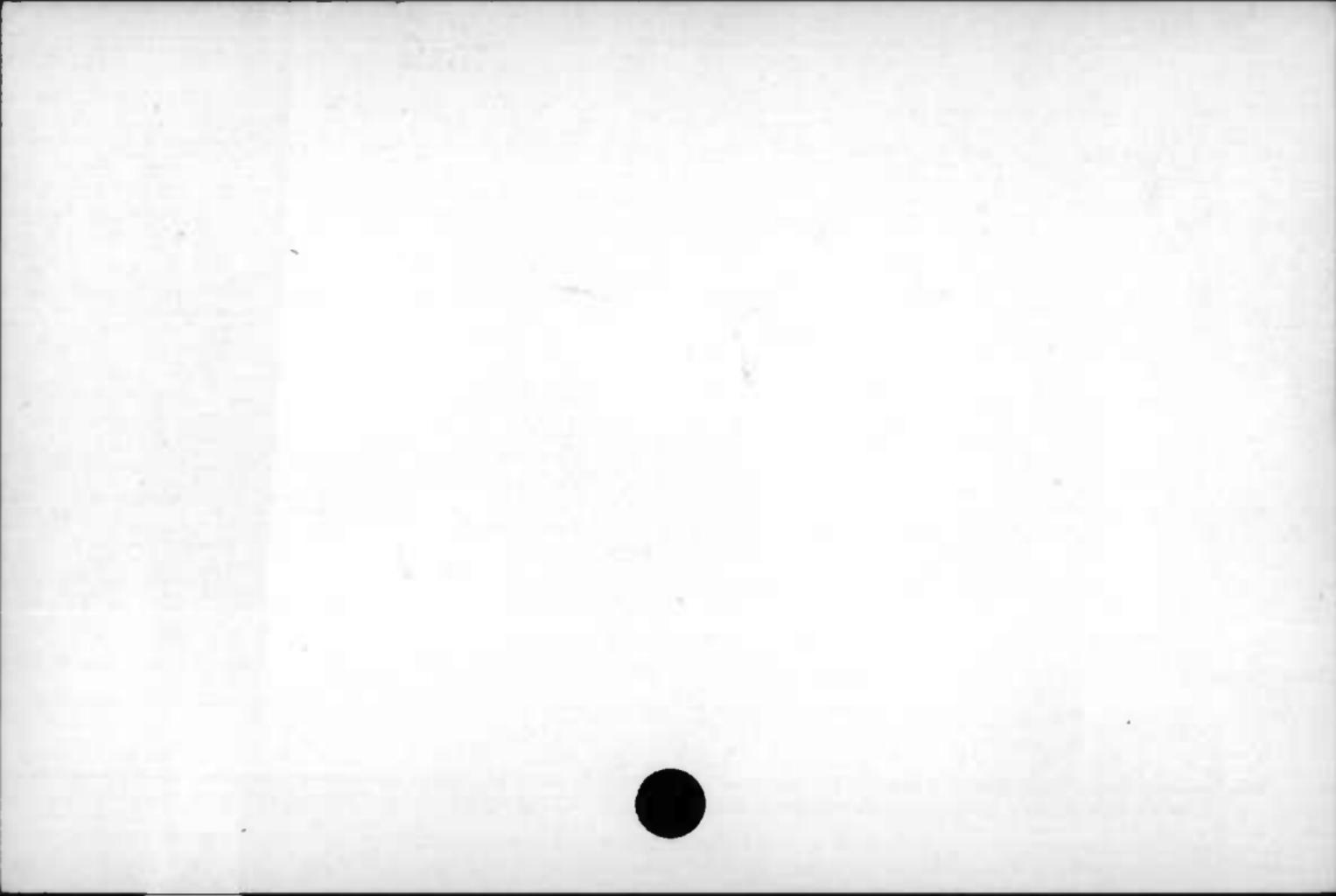
PHYSICIAN
OR CORONER

Died at <u>near Rose</u> Town		<u>Queen Anne</u> County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1907	7	17	1	4	7	
Sex	Female	Color or Race	<u>White</u>	Birth-place	<u>near Buckville</u>	
Occupation	<u>housewife</u>		Where Residing if not at place of death	<u>Place of death</u>		
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	<u>Alice B. Porter</u>		Father's Birthplace	<u>2d. 60</u>		
Mother's Maiden Name	<u>Raffie S. Sculley</u>		Mother's Birthplace	<u>2d. 60</u>		
Name of person giving information	<u>Alice B. Porter</u>		How related to deceased	<u>Father</u>		

CAUSES OF DEATH

166

Primary	<u>Kicked to death by horse</u>		How long	<u>5 hours</u>
Immediate	<u>Shock</u>		How long	<u>5 hours</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>J. Woodruff MD</u>	
		Address	<u>Buckville</u>	
Accident or Suicide?		<u>Accident</u>		



Name
in
Full

Mary Rebecca Redden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Ridgely, R.R. no. 2.		Dineen Anne				
Date of death	1907	Month July	Day 22	Years 1	Months 9	Days 24
Sex	Female	Color or Race	White	Birth-place Ridgely, R.R. no. 2, Md.		
Occupation	None			Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	W. H. Redden		Father's Birthplace Denton, Md.			
Mother's Maiden Name	Lillie Willis		Mother's Birthplace Ridgely, Md.			
Name of person giving Information	W. H. Redden		How related to deceased Father			

CAUSES OF DEATH

8

Primary	Whooping Cough	How long	6 weeks
Immediate	Enterocolitis	How long	2 weeks

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

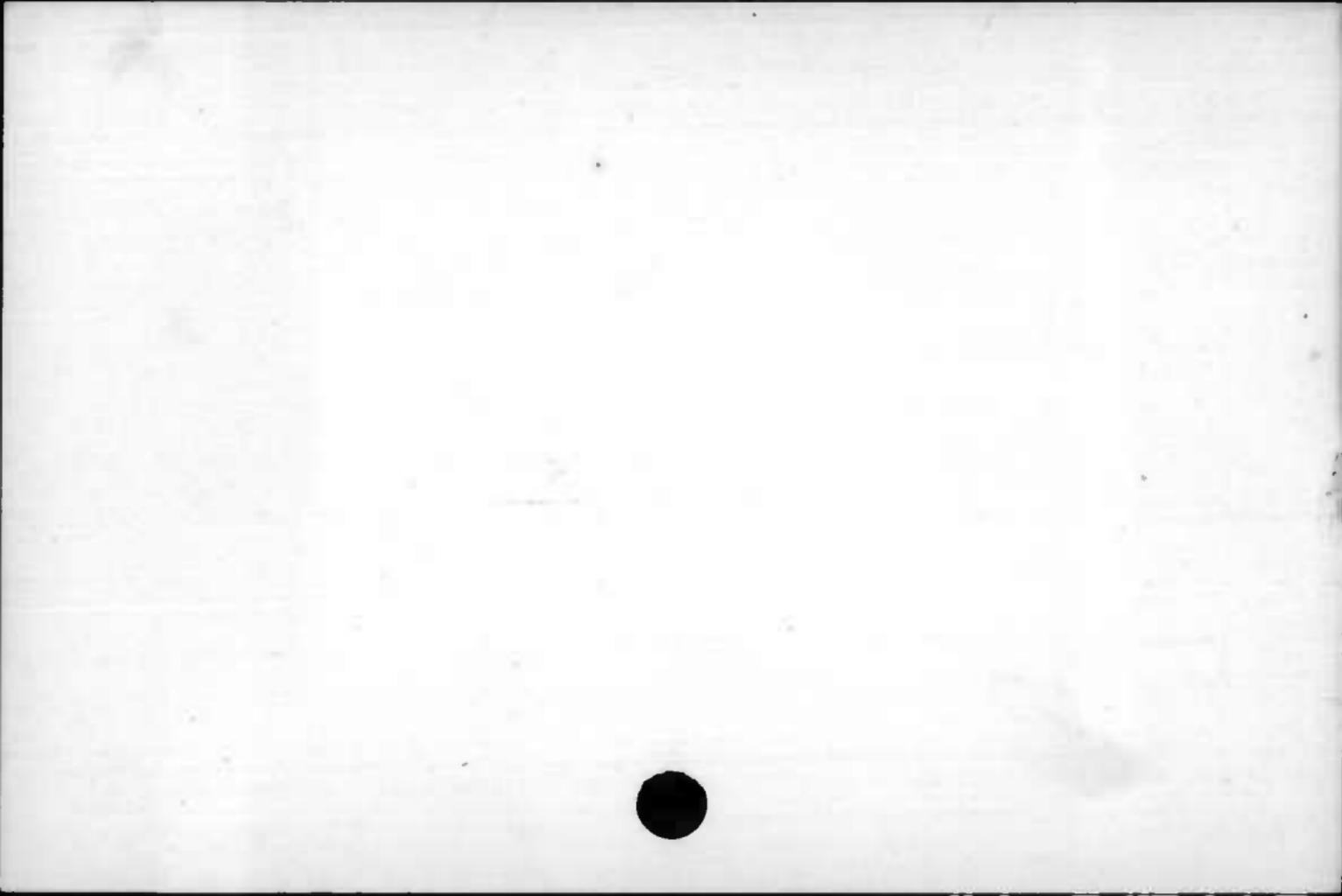
Signature of Physician

Walter H. Farby

Address

Centreville R.R. no. 4,
Md.

Accident or Suicide?



Name
In
Full

CERTIFICATE OF DEATH

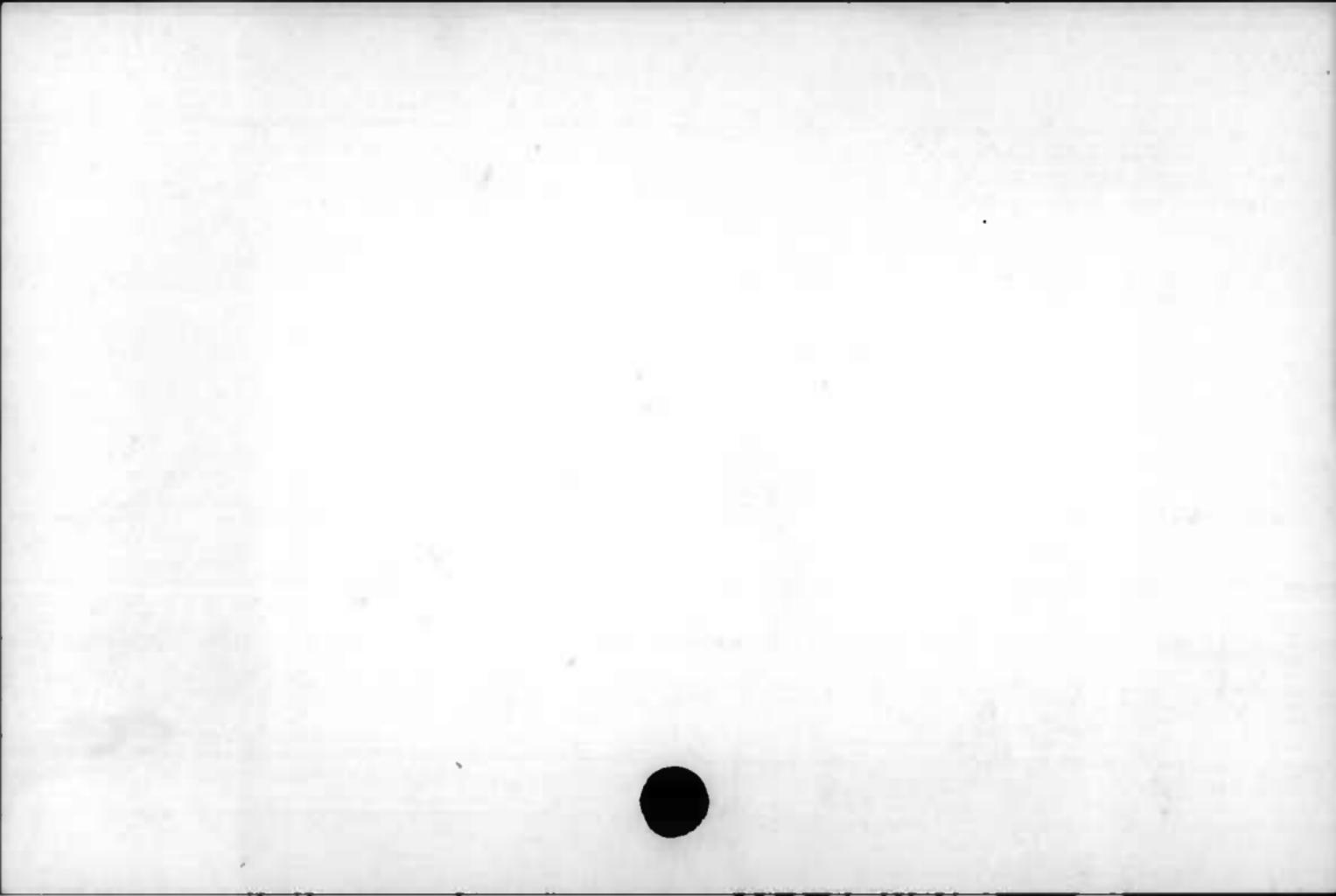
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1907	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Age	65	1	10	
Occupation	Farmer		Where Residing if not at place of death				
Married, Singla or Widowed	Widower	Name of Wife or Husband	Elizabeth Hawill		MD		
Father's Name	Sam'l. Shawver				Father's Birthplace	MD	
Mother's Maiden Name	Sarah A. Williams				Mother's Birthplace	MD	
Name of person giving Information	Wm. T. Shawver				How related Deceased	Brother	

CAUSES OF DEATH

146

Primary	Bronchitis		How long	10 yrs
Immediate	Pyemia		How long	2 years
Are the name, sex, color, date and place truly given above?	yes	Signature of Physician	J. W. Shawver	
		Address	Centerville Queen Anne	
Accident or Suicide?	no			



Name
in
Full

James Andrew Tull

CERTIFICATE OF DEATH

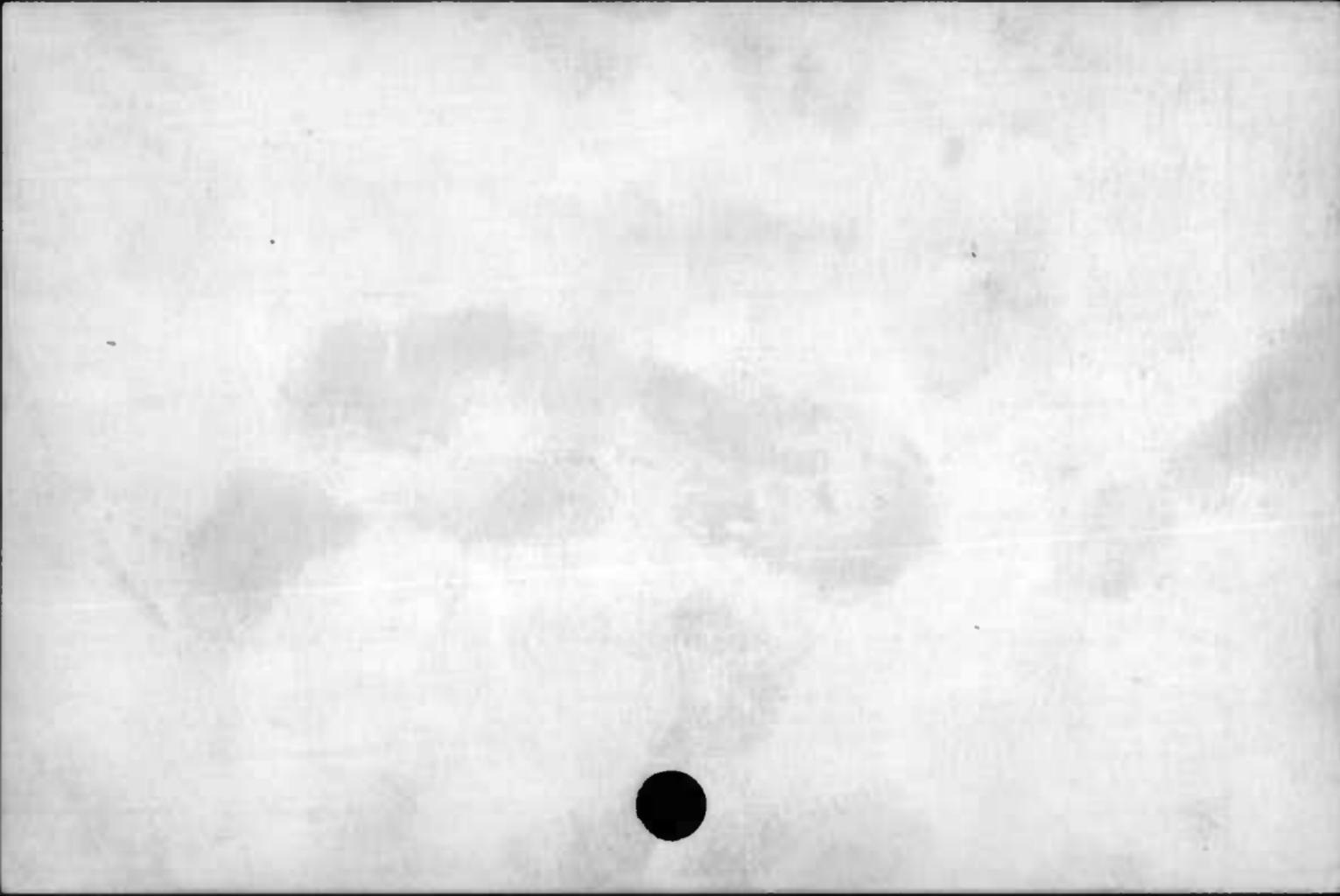
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1907	Month July	Day 28	Years 11	Months Days
Sex Male	Color or Race White	Birth-place Kent Island		
Occupation	Where Residing if not at place of death Johnson Island			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	George Tull	Father's Birthplace	a a Co	
Mother's Maiden Name	Beth Wiggins	Mother's Birthplace	2 weans Co	
Name of person giving Information		How related	to deceased	

CAUSES OF DEATH

28

PHYSICIAN OR CORONER	Primary	White Swelling	How long	1 month
	Immediate	Tubercular Meningitis	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. Chas. E. H. Tull, Ste. 202, 10th and Main, Ste. 202, 10th and Main	
		Address		
Accident or Suicide?				



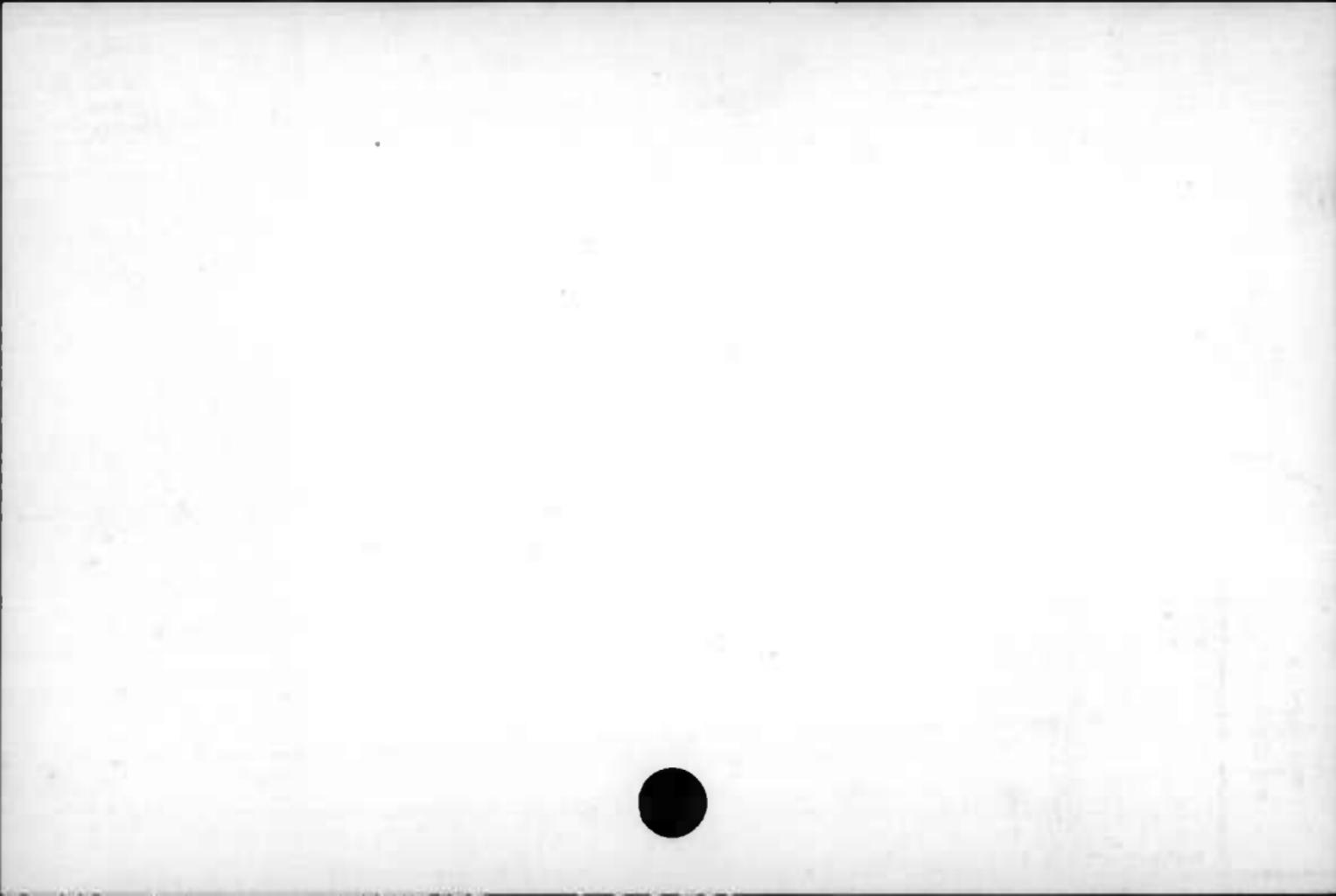
Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

<i>John P. Watkins</i>					
Died at <i>New Barclay</i>		Town	County <i>Anne Arundel</i>	MARYLAND	
Date of death <i>1907</i>	Month <i>7</i>	Day <i>19</i>	Years	Months <i>6</i>	Days <i>16</i>
Sex <i>Male</i>	Color or Race <i>Mulatto</i>	Where Residing if not at place of death <i>Maryland</i>			
Occupation <i>~</i>					
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <i>John W. Watkins</i>	Father's Birthplace <i>Md-</i>				
Mother's Maiden Name <i>Frances O. Kelly</i>	Mother's Birthplace <i>Md-</i>				
Name of person giving information <i>John W. Watkins</i>	How related and deceased <i>Father</i>				
CAUSES OF DEATH					
Primary	<i>Whooping-Cough</i>				
Immediate	<i>3 weeks</i>				
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>				
Signature of Physician		<i>J. P. Smith, M.D.</i>			
Address		<i>Gracleville Md.</i>			
Accident or Suicide?					



Name
in
Full

Georgiana Watkins

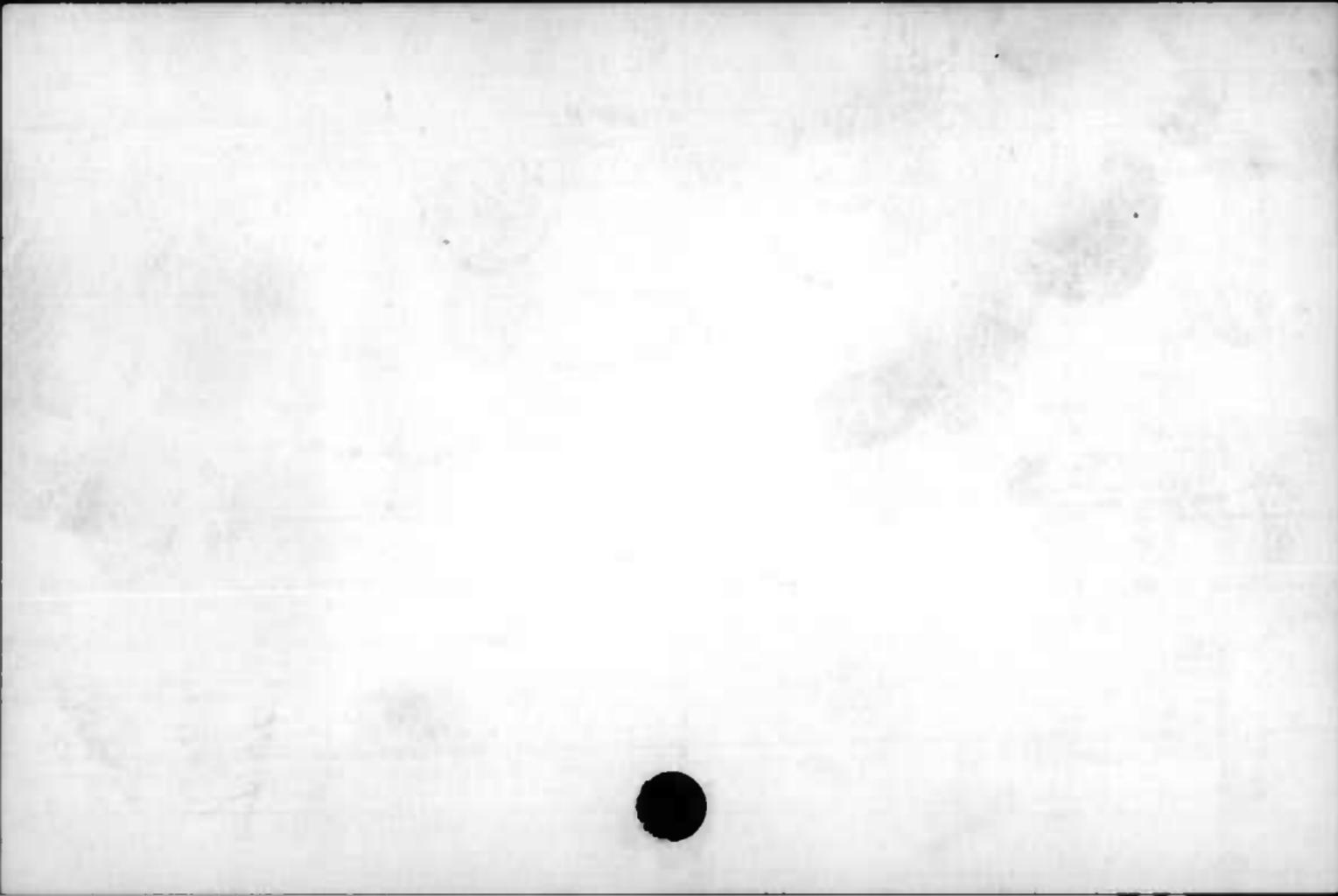
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1907	Month 7	Day 20	Years 61	Months 11	Days
Sex Female	Color or Race Colored	Birth-place Rock Island			
Occupation Housewife	Where Residing is not at place of death				
Married, Single or Widowed Married	Name of Husband Alexander Watkins	Father's Birthplace Rock Island			
Father's Name Richard Lyons	Mother's Birthplace Rock Island				
Mother's Maiden Name Mary Anna Greenwich					
Name of person giving Information Alexander Watkins	How related to deceased Husband				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Signature of Physician Address	How long
	Senility		14
Immediate	Dysentery	Surings	1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Address	
Accident or Suicide?			



Name
in
Full

Frances A Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	69	"	15
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Benj Wilson			
Father's Name	John Hawitt			Father's Birthplace	2.A. Co Md
Mother's Maiden Name	Elizabeth Cook			Mother's Birthplace	2nd
Name of person giving information	Mrs. R. Wilson			How related to deceased	Son

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary

Hypertrophy of heart

How long

2 years or more

Immediate

Impairment of valves of heart. Only a few minutes

How long

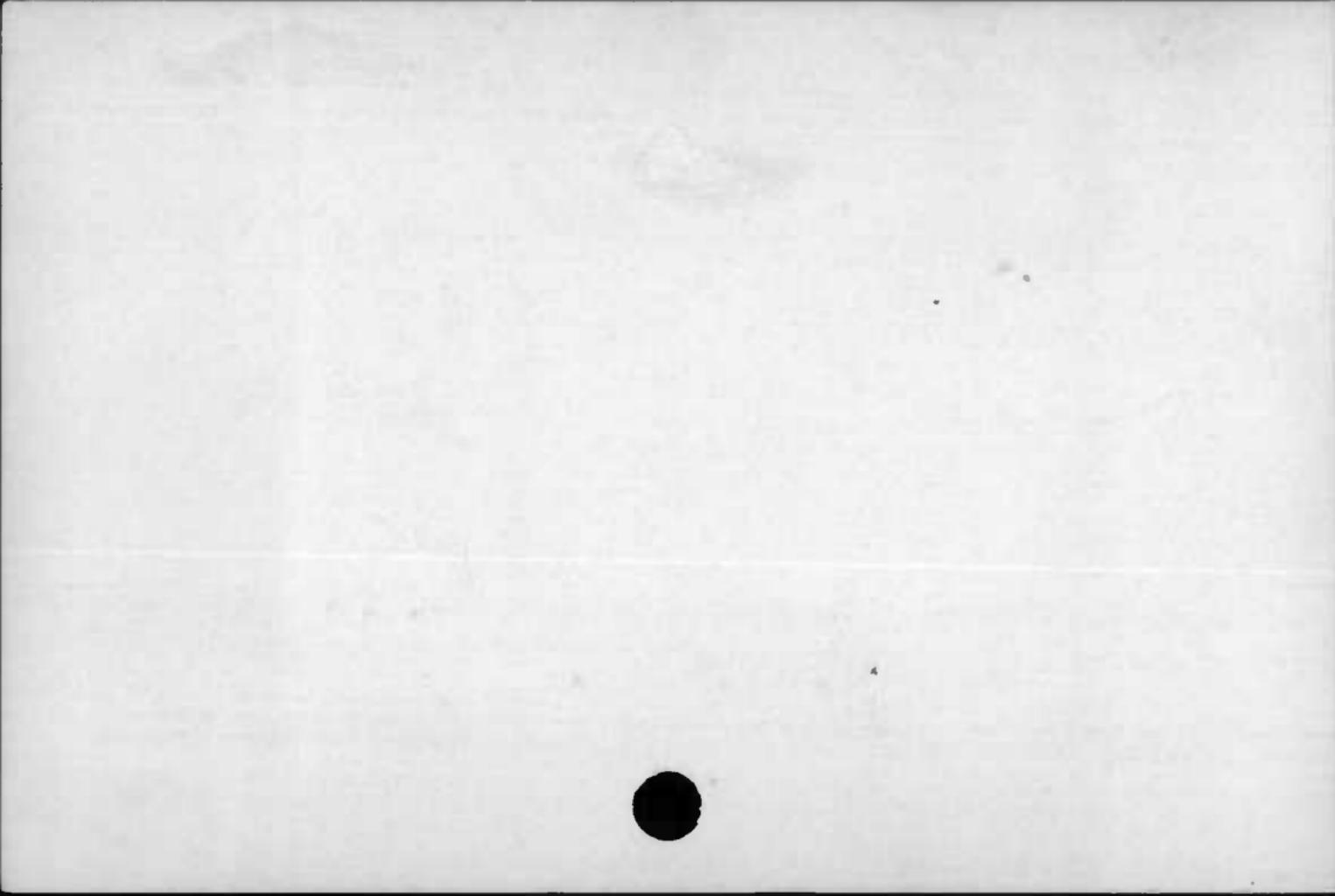
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Gas Abraham
Inglewood
Inglewood Md

Accident or Suicide?



Name
in
Full

Leanora Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY .

NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Near Enterprise Tenn Time

MARYLAND

Date 1907 Month 7 Day 28 Age —

Years — Months 2 Days 7

Sex Female

Color or
Race

Negro

Birth-
place

Tenn Time Co.

Occupation —

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

W. J. Wilson

Father's
Birthplace

2. d. Co. no

Mother's
Maiden Name

Susie Stankine

Mother's
Birthplace

" "

Name of person giving
Information

W. J. Wilson

How long
to death

Father

CAUSES OF DEATH

179

How long

Primary

Don't know

Don't know

Immediate

no Physician

How long

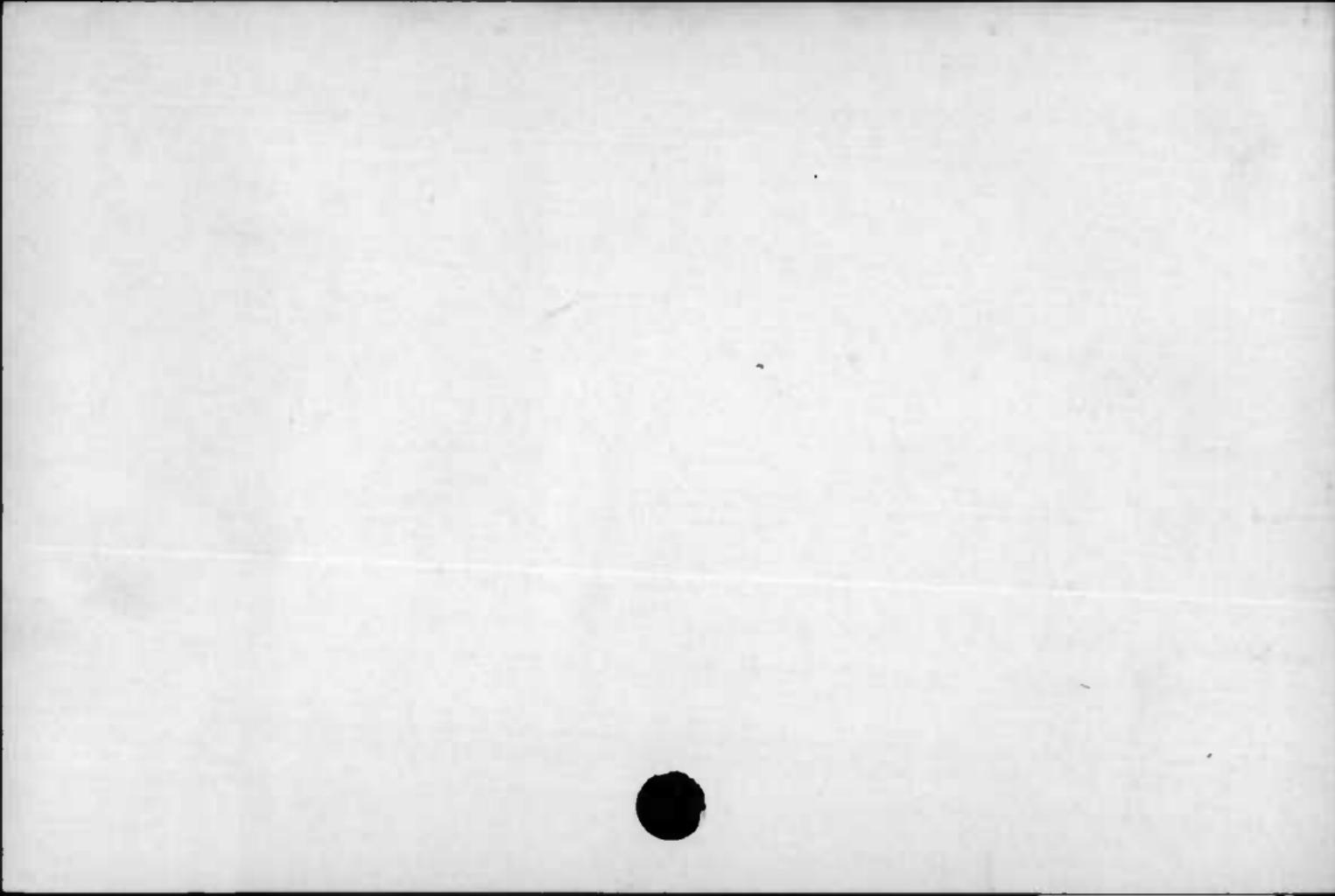
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J. J. Woodford
S. T. A.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND •

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1907	Month July	Day 22	Age 66	Months	Days
Sex	Female	Color or Race	Blacst		Almarys Co.	
Occupation	House wife	Where residing if not at place of death		Chester		
Married, Single or Widowed	Married	Name of Wife or Husband	Lamil Martin		Lamil Martin	
Father's Name	Geo Nathan		64		64	
Mother's Maiden Name	Unknown		How long		How long	
Name of person giving Information	Ernest Lee		How long		3 years. 1 week.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Indigestion

Immediate

Paralysis

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. Snyder

Sterneville
Md

Accident or Suicide?

